

2217

**ARIZONA STATE BOARD OF HEALTH**  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF BIRTH

State File No. 5064  
Registered No. 140

PLACE OF BIRTH  
County Gila State Arizona  
Township \_\_\_\_\_ or Village \_\_\_\_\_  
City Miami No. 21 Live Oak Canon St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

Full name of child Appelie S. Ausere { If child is not yet named, make supplemental report, as directed

Sex <u>male</u>	If plural births _____	4. Twin, triplet, or other _____	6. Premature _____	7. Legitimate? <u>yes</u>	8. Date of birth <u>June 6-</u> , 19 <u>17</u> (month, day, year)
		5. Number, in order of birth _____	Full term _____		

Full name <u>FATHER</u> <u>Jose Perez Ausere</u>	18. Full maiden name <u>MOTHER</u> <u>Josephina Sanchez</u>
Residence (usual place of abode) <u>Miami, Ariz.</u> (If nonresident, give place and State)	19. Residence (usual place of abode) <u>Miami, Ariz.</u> (If nonresident, give place and State)
Color or race <u>Cauc.</u>	20. Color or race <u>Cauc.</u>
12. Age at last birthday <u>39</u> (Years)	21. Age at last birthday <u>28</u> (Years)
Birthplace (city or place) <u>Navarra</u> (State or country) <u>Spain</u>	22. Birthplace (city or place) <u>Navarra</u> (State or country) <u>Spain</u>
4. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.	23. Trade, profession, or particular kind of work done, as housekeeper, typist, nurse, clerk, etc. <u>Housewife</u>
5. Industry or business in which work was done, as silk mill, sawmill, bank, etc. <u>Mining</u>	24. Industry or business in which work was done, as own home, lawyer's office, silk mill, etc.
6. Date (month and year) last engaged in this work _____, 19____	25. Date (month and year) last engaged in this work _____, 19____
17. Total time (years) spent in this work _____	26. Total time (years) spent in this work _____

Number of children of this mother time of this birth and including this child (a) Born alive and now living 2 (b) Born alive but now dead 2 (c) Stillborn \_\_\_\_\_

If stillborn, period of gestation \_\_\_\_\_ (months or weeks) 29. Cause of stillbirth \_\_\_\_\_ Before labor \_\_\_\_\_ During labor \_\_\_\_\_

**CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE**

I hereby certify that I attended the birth of this child, who was born alive at 5 A. m. on the date above stated  
(Born alive or stillborn)

When there was no attending physician, midwife, then the father, householder, should make this return.

(Signed) Cyril M. Cron, M.D.  
or \_\_\_\_\_, Midwife  
Address \_\_\_\_\_  
Filed June 25, 1917, C. E. Usain  
Registrar. Registrar.

name added from 115-6000-129  
plemental report. (Date of)